2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000003387

1. *Entity Name*
RAMOS PROPERTY MANAGEMENT, LLC

Principal Place of Business	Mailing Address
2942 SW 4TH AVENUE MIAMI, FL 33129	6776 SW 64 STREET SOUTH MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE

03212005No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
04-3655671	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPCO, INC.
2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR
MIAMI, FL 33133

DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	RAMOS, JUAN C	
STREET ADDRESS	6776 SW 64 STREET	
CITY-ST-ZIP	SOUTH MIAMI, FL 33143	U00000275538 03/25/05-80004-005 50.00
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		**DO NOT WRITE**
CITY-ST-ZIP		**IN THIS SPACE**
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: x _____   x 3-21-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #